

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water injection well		5. LEASE DESIGNATION AND SERIAL NO. 14-20-603-585	
2. NAME OF OPERATOR Murphy Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo	
3. ADDRESS OF OPERATOR 200 Jefferson Avenue, El Dorado, Arkansas		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2474' FSL & 133' FEL of Section 18, T32N, R17W		8. FARM OR LEASE NAME Navajo Tribal "AA"	
14. PERMIT NO. Approved 9-18-64 by P. T. McGrath		9. WELL NO. 18	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5393' Gr.		10. FIELD AND POOL, OR WILDCAT North Many Rocks Lower Gallup	
		11. SEC., T., R., E., OR BLK. AND SURVEY OR AREA Sec. 18-T32N-R17W	
		12. COUNTY OR PARISH San Juan	13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

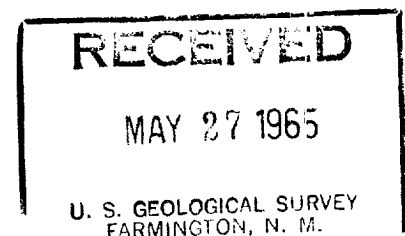
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ABANDONING <input checked="" type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Commencement of Drilling	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This well was spudded 5-3-65. 3 jts. of 7" O.D., J-55, 8 rd., range 2 surface casing was run and landed @ 88.33' below ground level and cemented with 12 sks. regular. Had cement returns to surface.

47 jts. of 4 1/2", 9.5#, J-55, ST&C, range 2 production casing was set @ 1524' with 35 sks. Diamix A with 2% Ca Cl₂.



18. I hereby certify that the foregoing is true and correct

SIGNED [Signature]TITLE Dist. Supt., Direct Operations 5-25-65

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side